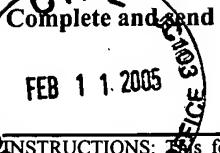


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

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FEB 11 2005

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23504 7590 01/04/2005

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Joan Brown

(Depositor's name)

[Signature]

(Signature)

2-8-05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/630,158	07/30/2003	Michael Brent Ford	4148P2673	9496

TITLE OF INVENTION: SHOCK ABSORBING AND SHOCK FORCE GENERATING APPARATUS AND METHOD FOR AN OIL PUMP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUTLER, DOUGLAS C	3683	267-125000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
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Jeffrey Weiss

Harry M. Weiss

Weiss, Moy & Harris, P.C.

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 2-8-05

Typed or printed name Jeffrey Weiss

Registration No. 45,207

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/630,158
		Filing Date	7-30-03
		First Named Inventor	Ford
		Art Unit	3683
		Examiner Name	Butler
Total Number of Pages in This Submission	4	Attorney Docket Number	4148P2673

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard Issue Fee Transmittal Check #13379 - \$1,000
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Weiss, Moy & Harris, P.C. Jeffrey Weiss
Signature	
Date	2-8-05

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Typed or printed name	Joan Brown
Signature	
Date	2-8-05

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